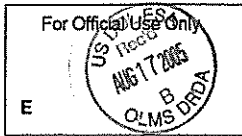


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11371</u>	2. Fiscal Year Covered From: <u>12 / 30 / 2003</u> Through: <u>12 / 30 / 2004</u>
3. Name and address of person filing. Name <u>Michael J Lauer</u> P.O. Box, Bldg., Room No., if any _____ Street <u>8407 CHA LA PETA PASS</u> City <u>FT. WAYNE</u> State <u>INDIANA</u> ZIP Code + 4 <u>46825</u>	4. Name, file number, and address of labor organization. Name <u>INDIANA/KENTUCKY REGIONAL COUNCIL OF CARPENTERS</u> Labor Organization File Number <u>060-114</u> P.O. Box, Building and Room Number, if any _____ Street <u>2635 MADISON AVE.</u> City <u>INDIANAPOLIS</u> State <u>INDIANA</u> ZIP Code + 4 <u>46225-2549</u>
5. Position in labor organization. <u>ADMINISTRATION COORDINATOR</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

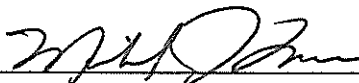
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8.12.05

Date

260-489-2743

Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>MORRIS & ASSOCIATES</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>50440</u></p> <p>Street <u></u></p> <p>City <u>INDIANAPOLIS</u></p> <p>State <u>INDIANA</u> ZIP Code + 4 <u>46250-0440</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>INDIANA STATE COUNCIL OF RETIRED PENSION FUND</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>50440</u></p> <p>Street <u></u></p> <p>City <u>INDIANAPOLIS</u></p> <p>State <u>INDIANA</u> ZIP Code + 4 <u>46250-0440</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>MORRIS IS A THIRD PARTY ADMINISTRATOR</u></p> <p>11.b. Approximate dollar value of such dealing. <u>?</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>DINNER FOR SPOUSE AND MYSELF WHILE ATTENDANCE AT A TRUST MEETING</u></p> <p>12.b. Amount. <u>\$125.98</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u></u></p>

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>INDIANA STATE COUNCIL HEALTH & WELFARE FUND</u></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <u>50440</u></p> <p>Street <input type="text"/></p> <p>City <u>INDIANAPOLIS</u></p> <p>State <u>INDIANA</u> ZIP Code + 4 <u>46250-0440</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p><u>PROVIDES HEALTH BENEFITS FOR MEMBERSHIP</u></p> <p>11.b. Approximate dollar value of such dealing. <u>N/A</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>REIMBURSEMENT FROM TRUST FUND FOR DEPARTMENT OF LABOR & ERISA REQUIRED EDUCATIONAL CONFERENCE FOR FOOD, TRAVEL, AND LODGING IN THE EXERCISE OF MY FIDUCIARY DUTY</u></p> <p>12.b. Amount. <u>\$1,974.83</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>IN. STATE COUNCIL OF CARPENTERS</u> <u>PENSION FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>50440</u></p> <p>Street _____</p> <p>City <u>INDIANAPOLIS</u></p> <p>State <u>INDIANA</u> ZIP Code + 4 <u>46250-0440</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>PROVIDES RETIREMENT BENEFITS FOR ITS PARTICIPANTS.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>N/A</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>REIMBURSEMENT FROM TRUST FUND FOR DEPARTMENT OF LABOR AND ERLA REQUIRED EDUCATIONAL CONFERENCE FOR FOOD, TRAVEL & LODGING IN THE EXERCISE OF MY FIDUCIARY DUTY.</u></p> <p>12.b. Amount. <u>\$873.42</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

